

United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460 <b>EPA</b> <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/</b> <b>Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)					I. Name and Address of Reporting Agency  Indiana Department of Natural Resources Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204								
II. Date Prepared (month, day, year) 1/8/2003			III. State Contact (name, telephone no.) Michael Nickolaus (317) 232-4055		IV. Reporting Period (month, day, year) From: 10/1/2002 To: 12/31/2002								
Item					Class and Type of Injection Wells								
							II						
					I	SWD 2D	ER 2R	HC 2H	III	IV	V		
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected			13	84						
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed			31	173						
			2. Number of Emergency Response or Complaint Response Inspections			0	0						
			3. Number of Well Constructions Witnessed			0	0						
			4. Number of Well Pluggings Witnessed			0	23						
			5. Number of Routine/ Periodic Inspections			13	84						
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)			0	5						
		B	Number of Rule Authorized Wells Tested/ Evaluated for MI		Passed Test		0	0					
					Failed Test		0	0					
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Passed		0	0					
					Failed		0	0					
			2. Number of Casing/ Tubing Pressure Tests		Passed		31	157					
					Failed		0	16					
			3. Number of Monitoring Record Evaluations		Passed		0	0					
					Failed		0	0					
			4. No. of Other Significant Leak Tests/ Evaluations		Passed		0	0					
					Failed		0	0					
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Passed		2	35					
					Failed		0	0					
			2. Number of Temperature/ Noise Log Tests		Passed		0	0					
					Failed		0	0					
			3. No. of Radioactive Tracer/ Cement Bond Tests		Passed		0	0					
					Failed		0	0					
			4. No. of Other Fluid Migration Tests/ Evaluations (Specify)		Passed		0	0					
			Failed		0	0							
VII. Summary of Remedial Actions	Total Wells	A	Number of Wells with Remedial Action			0	0						
	Total Remedial Actions	B	1. Number of Casing Repaired/ Squeeze Cement Remedial Actions			0	0						
			2. Number of Tubin/ Packer Remedial Actions			0	0						
			3. Number of Plugging/ Abandonment Remedial Actions			0	0						
			4. Number of Other Remedial Actions (Specify)			0	0						
IX Remarks/ Ad Hoc Report (Attach additional sheets)													
<b>Certification</b>													
I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.													
Signature and Typed or Printed Name and Title of Person Completing Form Michael Nickolaus, Assistant Director					Date 1/8/2003		Telephone No. (317) 232-4055						